## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-5-2010</u>	Address:	CR 300 N east of CR 400 W
Case #:	<u>16-19692</u>		Tipton, IN
County	: <u>Tipton</u>		
Type of	Laboratory Seizure (check one)	Seizure Location (	check all that apply)
Che	rational Lab nical/Glassware/Equipment (only) apsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  ☑ Lithium/Ammonia Reaction(s): Ditch			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: <u>Ditch</u>			
Corrosive Base: <u>Ditch</u>			
Othe	er (item and location):		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Investigative Information  ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: TCSD	
This report is to be faxed to the following agencies that serve the location:			
Fire Department: <u>Tipton FD</u>		Fax: 765-675-3500	
Health Department: <u>Tipton HD</u>		Fax: <u>765-675-6952</u> Fax:	
Child P	rotection Service: <u>N/A</u>	<u></u>	_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.D. Fisher Phone 800-382-0689			
	** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.		

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.